

## LEWIS COUNTY EMERGENCY MANAGEMENT

## **Emergency Needs Survey**

(Please read, fill out and mail back)

The Division of Emergency Management is conducting this <u>voluntary</u> survey to identify those people within Lewis County that have special needs. In the event of an emergency or disaster this will help us be better prepared to provide assistance.

If you have any questions about this form or if you need help with it, please call the Lewis County Emergency Management at (360) 740-1151.

Carefully review the items below. Place a check mark ( $\square$ ) in the <u>ALL</u> of the boxes which apply to you or someone living in your home. *Note:* If there is more than one person in your home that has special needs please mark all of the boxes that apply to everyone and list each person(s) name.

Information you provide may be shared with First Responders during an emergency or disaster.

☐ <u>Hearing Impaired</u>		No vehicle available
<ul> <li>□ Deaf</li> <li>□ Has TTY/TTD available</li> <li>Phone number:</li> <li>□ Visually Impaired</li> </ul>		Need an Ambulance or medical care to leave home in an emergency Describe:
<ul> <li>☐ Mobility challenged</li> <li>☐ Bedridden</li> <li>☐ Wheelchair</li> <li>☐ Need physical assistance</li> <li>☐ Special Assistance needs that would be helpful to identify for our</li> </ul>		Need Special Vehicle to leave home in emergency (cannot ride in automobile/bus) Describe:
hospital & medics  ☐ Need oxygen or portable ventilator ☐ On kidney dialysis ☐ Amputee ☐ Weigh more than 300 lbs		Cannot Understand English and no one nearby to translate. Language(s) understood:
Name:	Please Pri	
Street Address: (Perso	n Needing A	,
Telephone:		

Please complete this form and return to: Lewis County Emergency Management
345 West Main Street
Chehalis, WA 98532